



FW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	) Title:	METHOD AND
	)	APPARATUS FOR
Lasheras et al.	)	REGULATING PATIENT
	)	TEMPERATURE BY
	)	IRRIGATING THE
	)	BLADDER WITH A FLUID
Serial No.: 10/716,205	) Examiner:	Not Yet Known
)	
Filed: November 17, 2003	) Group Art	3739
	) Unit:	

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

The following items are being submitted for this Information Disclosure Statement:

1. X Preliminary Statements
2. X FORM PTO - 1449

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

January 12, 2005
(Date of Deposit)

Brenda Geiger
(Name of the Person Making the Deposit)

Brenda Geiger
(Signature)

January 12, 2005
(Date of Signature)

1. Preliminary Statements

Applicants cite herewith patents, publications or other information of which they are aware, which they believe may be material to the examination of this application and in respect of which there may be a duty to disclose in accordance with 37 CFR 1.56.


The filing of this information disclosure statement shall not be construed as a representation that a search has been made, an admission that the information cited is, or is considered to be, material to patentability or that no other material information exists.

The filing of this information disclosure statement shall not be construed as an admission against interest in any manner.

No fee is believed to be due in connection with this submission as this Information Disclosure Statement is being filed within three (3) months of the application filing date or before receipt of the First Office Action.

However, if any fees are required, authorization is hereby given to the Commissioner for Patents to charge the same to Deposit Account No. 50-0914.

Date: Jan. 12, 2005


Mark D. Wiczorek
Attorney for Applicants
Registration No. 37,966

Innercool Therapies
3931 Sorrento Valley Blvd.
San Diego, CA 92121
Phone: (858) 677-6390
Fax: (858) 677-6391

Please type a plus sign (+) inside this box ☐

PTO/SB/O8B (10-96)

Approved for use through 10/31/99, OMB 0651-0031

Patent and Trademark Office: U.S./DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO

Complete if Known

Application Number	10/716,205
Filing Date	November 17, 2003
First Named Inventor	Juan C. Lasheras
Group Art Unit	3739
Examiner Name	Unknown
Attorney Docket Number	084002

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

AN 14 2005 as many sheets as necessary)

Sheet 1 of 1

U.S. PATENT DOCUMENTS

Examiner Initials ¹	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publications of Cited document MM-DD-YYYY	Pages, Column, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
	A1	20020077680		Noda	06/20/02	
	A2	20020082671		Magers	06/27/02	
	A3	6,416,545		Mikus, et al.	07/09/02	
	A4	6,406,452		Westerbeck	07/16/02	
	A5	20030114835		Noda	06/19/03	
	A6	6,602,243		Noda	08/05/03	
	A7	6,648,906		Lasheras, et al.	11/18/03	
	A8	20040102826		Lasheras, et al.	05/27/04	

FOREIGN PATENT DOCUMENTS

Examine r Initials ¹	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publications of Cited document MM-DD-YYYY	Pages, Column, Lines, Where Relevant Passages or Relevant Figures Appear	T ³
		Office ³	Number ⁴	Kind Code ⁵ (if known)				
	B1	WO	WO 02/47742		Alsus Corporation	06/20/02		

Examiner
Signature

Date
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹²Unique citation designation number. ²Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.